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procuring one. The matter requires as much individuality as any other in existence. Generally speaking the broad toe and flat, low heel are the best; but one must consider how much width is needed across the ball of the foot before deciding upon the last. If a good deal of width is required in that part of the shoe, a last broader in proportion at that part than elsewhere, is necessary. The part which fits the heel should not be too loose and that about the upper part of the foot snug enough to support it firmly, and should be laced; in buying, get it small enough to allow for stretching from wear. A foot with a good deal of arch at the sole requires a little higher heel than the usual low, flat heel, to bring the heel of the foot on a level with its arch. The heel for such a shoe usually requires two or three extra lifts.

A buttoned shoe and a low shoe look well, but should never be worn by a person on her feet a great deal, as they do not give support to the upper part of the foot sufficient to prevent friction across the toes and a slipping of the foot forward, thus causing corns and bunions.

The shoe should fit every part of the foot, and a last should be selected which is adapted to the individual foot. Where it is impossible to get a ready-made shoe that will exactly fit, it is almost always possible to get one made, according to measurement, by machine, at very little more cost, whereas a hand-made shoe, to order, is very expensive.

E. C. H.

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#### AN OLD QUESTION ASKED ANEW

DEAR EDITOR: *Just what is required of the nurse in the private home?* Recently an article in the *New York Sun* attracted my attention. "A chance for a new calling, that opens a profitable field for young women; great need for working nurses who will do the little things that the trained nurse sniffs at," is the way the article is headed and which goes on to say that the regular trained nurse of to-day absolutely refuses to sweep or dust her patient's room, from the fact that she cannot do menial labor, and that if asked to perform some slight or trivial service she appears positively shocked.

Is this true? I, for one, in the great body of graduate nurses, feel that it is not, and while I do not for a minute think of us as taking the place of a servant, I do feel that we, as a body of intelligent women, have too much good *common sense* or *mother wit* to retard the recovery of our patients by allowing them to worry over little things left undone, oftentimes, which we could so easily, and without lowering our dignity in the least.

Of the many nurses with whom I am personally acquainted, I am

sure there is not one who would hesitate for an instant to clean her patient's room, not only one day but every day, if necessary.

I am now in a home where there are four cases of typhoid. There are three nurses here, but we do not clean the rooms because the people have five servants and do not want us to do so. Of course in this instance it is not necessary, but in a very great number of homes to which I am called, I do clean my room.

I was in a home last year where the mother was quite ill, and beside caring for her constantly, I dressed three little girls for school, bathing them, combing their hair and making the necessary toilet each morning; ordered the groceries and managed the house in general, there being only one servant (she was new), so there was no one else to do these little things.

I think that we as nurses try to conform to whatever conditions we meet, and as far as possible adapt ourselves to the needs of the homes in which we daily find ourselves. I believe I voice the sentiment of the nurses of "Sunny Tennessee." I would like to have the opinion of others on this question, especially from some of the New York nurses, since the article to which I refer was suggested by a woman who "conducts one of the high-class employment bureaus of West Side, New York," so the paper states.

If this really is true, is it any wonder some of the doctors do not appreciate and patronize "graduates" more fully and exclusively?

M. E.

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#### THE SUFFRAGE QUESTION

DEAR EDITOR: Since the historic meeting in September, 1896, in the Manhattan Beach Hotel when you and a little group of women, who were very loyal to their profession and the cause of women generally, met, to bring the Nurses' Associated Alumnae into being, I have never been disappointed in the actions of that body, of which you and I are charter members, until this year, when I read, with humiliation, I must frankly say, that a negative vote "by a large majority" was recorded at San Francisco against the reasonable and temperately expressed suffrage resolution offered to it!

It was a shock, because, though I know many nurses have never given the subject a thought, yet I believed that they might always be depended upon, in their associations, to take instinctively the intelligent and above all the sympathetic position on large human questions. I am far from thinking that nurses have time or strength for work outside of their own field, and do not expect to see them actively engaged in